

**STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY****NOTICE OF REVIEW ON ARREARAGE
(CONSUMER REPORTING AGENCY)****CASE NO.**

Friend of the Court address

Telephone no.

Payer name and address

TO:

1. Date of notice: _____

2. The Office of the Friend of the Court received a written request from you to review a mistake of fact concerning either your identity or arrearage.

3. A review has been scheduled as follows:

Payee name and address

(This notice is for the payer. A copy is sent to you for your information only)

Date

Time

Location of review

Name of officer conducting review

4. Bring documentation, records, or any other necessary information with you to the review which details a mistake of fact;
☐ as well as the following:

5. You may bring an attorney with you to the review.

FRIEND OF THE COURT